Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	005042	A. BUILDING _____ B. WING _____	08/21/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRE HAUTE REGIONAL HOSPITAL	3901 S SEVENTH ST TERRE HAUTE, IN 47802

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS This visit was for the investigation of a State complaint. Complaint # IN00106407 Unsubstantiated: Lack of sufficient evidence. Facility #: 005042 Date: 08-21-12 Surveyor: Billie Jo Fritch RN, BSN, MBA Public Health Nurse Surveyor Terre Haute Regional Hospital was found in compliance with state rule 410 IAC 15-1.5-6, Nursing service, 410 IAC 15-1.6.9, Other services and 410 IAC 15-1.5.7, Pharmaceutical services, Hospital Licensure Rules. QA: claughlin 08/27/12	S 000		